

Name

## RECEIVED

JAN 2 6 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Office:

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

DAVID C. I	Bura	U S	<b>U</b> House ☐ Senate
Mailing address		1	District
and the second s	Koca		
City, zip code	Nazymm *	· ·	Phone
L Whiting, 11/15	.··	04691	733-8856
PART 1. INCOM	IE DERIVE	D FROM EMPLOYMENT BY ANOT	THER
List the name and address of each employer fro economic activity of each employer.	om whom yo	u received compensation of \$1,000 or	more. Specify the principal type of
containe activity of each employer.	on the second		
Name of Employer		Address	Principal Type of Economic Activity of Employer
Maine State Reterement	) r	tate Horae Steven	Returned benefits
	Acept	esta, Me 0 4333	
Mune Shili Legla Liture	SHI	oriana and an angular and an angular a TANA	LEGISTATIVE BYSELF WEEK
refume and it is a	O/fen	of Add Controles at Amere St. Augusta, The	—— <i>4</i> ,———,,,
	74/55±	et Area St. Augula, the	
Survice Opportunities		Deeg Lake Rd!	Service Expanization to
	Machi	w I'me 04694	HOUNGE COME
		}	
		IVED FROM SELF-EMPLOYMENT s who are self-employed.)	
A. List the name and address of your business,	if any, and li	ist the major areas of economic activity	from which you derived income. If
associated with a partnership, firm, professional entity.	association,	or similar business entity, list the majo	r areas of economic activity of that
-1000000000000000000000000000000000000	der gegen die geleg der seige Stewert Stelle der St. Stewert zu der ser eine wer	agusta portuguinus sa a a a a a a a a agusta de sa agusta a agusta da agusta ag	Major Areas of Economic
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Activity (partnership, association or similar business entity)
Name: D. C. BURNS Investigations , In	6.	Private Investigator	Trouding Trusteg Kinscruce
Address: 159 Dodge Kd Whing			**************************************
Name:			
Address:			No. of Advances
		·	

PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-en		
B. List each source of income derived from self-employment that represents more greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	son from whom you derived s	such income. If this form of
Name and Address of Source	Activit	ncipal Type of Economic y of Entity or Person Who is se Source of the Income
Name:	near to definition	
Address:		
Name:		
Address:		
PART 3. MAJOR AREAS OF	PRACTICE	
(For Legislators who are attorneys-a	it-law only.)	
List your major areas of practice. If associated with a law firm, list the major area	s of practice of your firm.  Major Areas of Practice	Major Areas of Practice
Name and Address of Firm	(self)	(firm)
Name:		Territory Copiana S
Address:		
Name:	hademinin A. Distribution has been been as the second of the second should be a stributed as a stributed by a s	Доватой като в это болошения по постоя на баше на наповой у ного унаструкту на продости на продости на продост В потемператория на проденения по постоя на проденения на проденения на проденения по постоя на проденения на проденения на проденения на прости на проденения на прости на проденения на прости на проденения на прости на проденения на прости на проденения на прости на проденения на прости на проденения на прости на проденения на прости на проденения
Address:		A SALANARA ON THE SALANAR ON THE SAL
		<u>,                                      </u>
PART 4. OTHER SOURCES C	en sa lan sa iku en sa en en sijonje sjirske	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f	en sa lan sa iku en sa en en sijonje sjirske	one, check the box.
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f	en sa lan sa iku en sa en en sijonje sjirske	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f	orm. Do not include gifts. If no	one, check the box.  Kind of Income vestments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f	orm. Do not include gifts. If no	Kind of Income
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f  None  Name and Address of Source	orm. Do not include gifts. If no	Kind of Income
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f  None  Name and Address of Source  Name:  Address:  PART 5. REPORTABLE LIA  List the names of creditors for any unsecured loans of \$3,000 or more that yo	orm. Do not include gifts. If no find the first state of the first sta	Kind of Income vestments, leases, etc.)  g period, and list the major
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f  None  Name and Address of Source  Name:  Address:  PART 5. REPORTABLE LIA  List the names of creditors for any unsecured loans of \$3,000 or more that yo areas of economic activity of each creditor. Do not list credit card liability or loans	orm. Do not include gifts. If no  (in  BILITIES  u received during the reporting from a relative. If none, check	Kind of Income vestments, leases, etc.)  g period, and list the major
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this f  None  Name and Address of Source  Name: Address:  PART 5. REPORTABLE LIA  List the names of creditors for any unsecured loans of \$3,000 or more that yo areas of economic activity of each creditor. Do not list credit card liability or loans  None	orm. Do not include gifts. If no  (in  BILITIES  u received during the reporting from a relative. If none, check	Kind of Income vestments, leases, etc.)  g period, and list the major k the box.
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PART 6	S. REPORTABLE GIFTS	ang menuri bindi sepera Kabupatèn Kabupatèn			
List the specific source of each gift of more than \$300. Inc none, check the box.	lude gifts with an aggregate	e value of more tha	ın \$300 from a single source. If		
□ None		the delayer distilled and the little of the construction of the segment of the engineering design and property and property and the construction of the construction o	the and the second seco		
Name of Source of Gift  1.	3.	Name of Sou	rce of Gift		
2.	<b>4</b> .	ESPECT PETERSTONE SERVICE STORM AND			
	***.				
	EPORTABLE HONORA				
List the source of any honoraria accepted for appearances of None	r speeches related to your le	egislative responsib	illities. If none, check the box.		
Name of Source of Honoraria		Name of Source	of Honoraria		
1. Word of he be Bible Conference Constant	3.	in market and the second s	sili journa terraminininin katalana aana aa		
rummarasi valiksili kili kili sili sili saa kirkilalisi basuusi akuluskilikuun filki kirkiin aanamaanamaanamaana 2.	eropiiliterropiiliteliserropii	angawanasing galan angan-angan pagag enggangang yangan ng sisaga kanasan atangan	III (Mahariff) jaak Mikkaadhiidh daadhadaa dhadhaa adaa haadaa ay a		
	TATION BEFORE STAT				
List each executive branch agency before which you represent box.	ented or assisted others for	r compensation of a	any amount. If none, check the		
None		and the second			
Name of Agency		Name of A	gency Bladdinekeliskokokontiskokon kisia mika mekintaja ja katalantakan katalanta kisia kisia katalanta katalanta katalanta kisia kisia katalanta katalanta kisia		
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2.	<b>4</b> .				
PART 9. BUSIN	NESS WITH STATE AGE	:NCIES			
List each executive branch agency to which you or a memb			vices with a value in excess of		
\$1,000 during the reporting period. If none, check the box.	stational translations and account of the second of the se	www.winderling.winderl	yar-andadi. Mendelah indone dan dan Misebah saharan penganggan penganggan ang pengangkan pengangan saharan saha Saharan		
Name of Agency  Name of Agency		Name of A	gency		
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2.	where the little and the little and the little plane is a series and a specific and a single plane is a series as a series $4$ .	4.			
PART 10. INCOME RECEIVE					
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If	e received by your your spouse or do	spouse or domestic partner or mestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received		Kind of Income		
Name: Donna M Butus	1. Shows hong anarym	E obogge of	Stipping For Services		
Job Title: Care giver	2. 3.	Domestic 2. Partner 3.			
	orac e e con anticominata internacionalista con contracto de establica	Dependent	обучення мерене в подперення по подперення по подперення по по подперення по п По по		
If dependent child(ren) receive more than \$1,000 of income	Disubles	Child	55 <u>T</u>		
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child			
		Dependent Child			

None				
Organization/Business and Address		Position Held By:	Family Member's Name	Compen- sated?
Raymond Medical Center Luker	Devilor	David Burrs		PO
Recovery Support Network. Machine Maine	Director	David Bung		PO
Washington County Desightson Team Markins	Ducke	Davidhoung		660
Eiester is Area Agency on Aging Lunchington County	Derester	Dervil Burno		No.
	SIGNATURE			
Lied Burn		(b. 2)	4,2010	
Signature		D.	ate 	
ADI Please provide any additional information below (a	<b>DITIONAL INFORMATI</b> nd on additional sheets	ON CONTRACTOR OF THE PROPERTY		on number for
ADI	Strength and the state of the s	ON CONTRACTOR OF THE PROPERTY		on number for
ADI Please provide any additional information below (arthe information you are providing. Part/Section	Strength and the state of the s	ON CONTRACTOR OF THE PROPERTY		on number for
ADI Please provide any additional information below (arthe information you are providing. Part/Section	Strength and the state of the s	ON CONTRACTOR OF THE PROPERTY		on number for

PART 11. OFFICER OR DIRECTOR POSITIONS